

FORM NO. 2.

(1) PLACE OF BIRTH

County of MarionTownship of Waheror
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

82678

Registration District No. 3207 Registered No. 66
(For use of Local Registrar)St.; Ward)
(If child is not yet named, make supplemental report as directed)(2) Full Name of Child Lacy Earle Rogers(3) BOY OR
GIRL? Boy(4) Twin
or Triplet?(5) Number in
order of birth

To be answered only in case of Twins or Triplets

(6) Are
Parents
Married? Yes(7) DATE OF
BIRTH Aug 31 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEBerkley Rogers(9) PRESENT
POSTOFFICE
OF FATHERMarion Co. Route 2(10) COLOR
OR
RACE White(11) AGE AT LAST
BIRTHDAY 22
(Years)

(12) BIRTHPLACE

Marion Co. S.C.

(13) OCCUPATION

Farmer(20) Number of children born to
mother, including present birth1

MOTHER.

(14) NAME BEFORE
MARRIAGERudolph Foxworth(15) PRESENT
POSTOFFICE
OF MOTHERMarion Co. Route 2(16) COLOR
OR
RACE White(17) AGE AT LAST
BIRTHDAY 18
(Years)

(18) BIRTHPLACE

Marion Co. S.C.

(19) OCCUPATION

Housewife(21) Number of children of this mother
now living, including present birth1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1:00 P.M.
on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Physician(24) State whether Physician or Midwife (25) Address of Physician or Midwife MarionGiven name added from a supplemen-
tal report

191....

Registrar

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Oct 20 1916

(28)

Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If
a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the
fifth month of pregnancy.